



Request Form

Rice County Soil Verification For Sewage Treatment System

Submittal Date: _____

Requested By: _____

Company Name: _____

Daytime Phone# _____

Site Location:

Owner's Name: _____

Address/Location _____

PID# _____ *New Construction* *Replacement system*

Preferred Date/Time to meet _____

(Between the hours of 8:30-3:30 Monday-Friday) *Flexible-Please Call to Schedule*

Applicant will be contacted by the Department within 5 business days to confirm or schedule a Date and time to perform the soils verification. It is at the discretion of the Department to postpone in the event of inclement weather.

<i>For Internal Use Only;</i>	<i>M T W T H F</i>
Meeting Date/Time:	

Fee: \$75.00*

Received By: _____

Rice County Planning & Zoning

** If the soils verification exceeds 30 minutes additional fees may be applied*